



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825
TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



REQUEST FOR REPLACEMENT LICENSE

FEE: \$25.00
(Per License)

1. Request is hereby made for: *(Check one)*

- ☐ Replacement of original wall license
☐ Replacement of wallet certificate

For Office Use Only:

Receipt No.: _____

Date Ordered: _____

2. Reason for request: *(Check one)*

- a. Lost ☐ b. Stolen ☐ c. Destroyed ☐
d. Original not received ☐ e. Mutilated* ☐

**If reason "e" is checked, the document to be replaced must be returned with this declaration.*

(Please type or print legibly in ink.)

| | |
|---|---------------------|
| Name <i>(as it appears on your license)</i> : | License Number: |
| Address of Record: Number and Street | |
| City | State Zip Code |
| State circumstances regarding loss of license: <hr/> <hr/> <hr/> <hr/> | |

I CERTIFY UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT I AM THE PERSON WHO WAS ISSUED THE ORIGINAL WALL AND/OR WALLET CERTIFICATES BY THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD, REPLACEMENTS OF WHICH ARE REQUESTED HERE. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

(Signature)

(Date)

INFORMATION COLLECTION AND ACCESS

The Speech-Language Pathology and Audiology Board's Executive Officer is the person who is responsible for information maintenance. Section 2532 of the Business and Professions Code is the authority, which authorizes the maintenance of the information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.